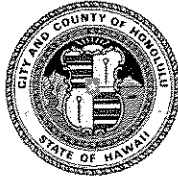


HONOLULU FIRE DEPARTMENT  
**CITY AND COUNTY OF HONOLULU**

636 South Street  
Honolulu, Hawaii 96813-5007  
Phone: 808-723-7139 Fax: 808-723-7111 Internet: www.honolulu.gov/hfd

MUFI HANNEMANN  
MAYOR



KENNETH G. SILVA  
FIRE CHIEF

ALVIN K. TOMITA  
DEPUTY FIRE CHIEF

January 12, 2009

The Honorable Todd Apo, Chair  
and Members  
Honolulu City Council  
530 South King Street, Room 202  
Honolulu, Hawaii 96813

RECEIVED

JAN 12 9 25 AM '09

CITY CLERK  
HONOLULU, HAWAII

Dear Chair Apo and Councilmembers:

Subject: Quarterly Report of Gifts Valued at \$2,500 or Less and Requested Acceptance

This report to Council enumerates all gifts taken into custody by the Honolulu Fire Department for the quarter ending December 31, 2008. This report is submitted under the provisions of Resolution No. 05-349, CD1, FD1. Information on each gift is set forth in the attachment.

We respectfully request the acceptance of this gift by the Council on behalf of the City and County of Honolulu.

Should you have any questions, please call Assistant Chief Thomas Perkins of our Administrative Services Bureau at 723-7114.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kenneth G. Silva".

KENNETH G. SILVA  
Fire Chief

KGS:jo

Attachments

APPROVED:

A handwritten signature in cursive script, appearing to read "Kirk Caldwell".

Kirk Caldwell, Acting Managing Director

DEPT. COM. 2

QUARTERLY REPORT OF GIFTS RECEIVED VALUED AT  
\$2,500 OR LESS UNDER RESOLUTION NO. 05-349, CD1, FD1


CITY AGENCY: HONOLULU FIRE DEPARTMENT

QUARTER ENDING: DECEMBER 31, 2008

The following gift was taken into custody by the agency in the previous quarter:

<u>Description of the Gift</u>	<u>Donor's Estimated Value of the Gift</u>	<u>Donor</u>
One Port-A-Cool System for the Waipahu Maintenance Facility	\$2,100	Cardinal Health 1009 Opule Street Kapolei, Hawaii 96707

## City and County of Honolulu

DECLARATION OF GIFT	
NAME OF DONOR	Cardinal Health
DONOR'S ADDRESS	1009 Opule Street Kapolei, HI 96707
DONOR'S TELEPHONE	(808)682-4800
STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE	
<p>On behalf of Cardinal Health, I do hereby absolutely and without condition or reservation give, grant, and convey the item described below to the City and County of Honolulu.</p>	
DESCRIPTION OF GIFT	VALUE
1 – Port – A – Cool System	2,100.00
Signature: 	Date: 12/30/2008
Print Name: Chet Taira	Title: Warehouse Manager